

KENTUCKY
DEPARTMENT OF WORKERS CLAIMS
PLAINTIFF'S EMPLOYMENT HISTORY

Name		Social Security Number		
Name and Address of Employer (Begin with most recent employer)	Type of Industry	Occupation	Period of Employment Begin date End date Month/Yr. Month/Yr	Exposure to substances causing occupational disease (specify substance)
1.				
2.				
3.				
4.				
5.				
6.				
7.				

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Plaintiff's Signature

Date